

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 S 82287

FILING DATE

6-12-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6						
7	2					
8	2					
9	1					
10	1					
11	1					
12	1					
13	2					
14	2					
15	1					
16	1					
17	1					
18	1					
19	1					
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50						
TOTAL IND.	2		2		2	
TOTAL DEP.	33	←	33	←	33	←
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2		2	
TOTAL DEP.			2		2	
TOTAL CLAIMS			2		2	